

# CITY OF SCOTTSDALE

## Employment Application

We are an Equal Opportunity/Reasonable Accommodation Employer

The City of Scottsdale Promotes a Drug and Alcohol Free Workplace

**Your signed application can only be accepted in hard copy form. Please mail or drop off your completed application:**

**City of Scottsdale Human Resources  
7575 E. Main St., Scottsdale, AZ 85251  
(480) 312-2491**

- Do not change the format or layout of this form.
- Print neatly in ink or type.
- Answer all questions completely.
- Complete and include all supplemental forms.
- Read all information/disclaimer on this application.
- Sign this application and all other forms.
- If you have any questions or problem, please request assistance.

<b>Position Desired</b>					
<b>Position Applied For:</b>					
<b>Job Posting No:</b>			<b>Salary Requirements:</b>		
<b>Please check the shift(s) you are interested in:</b>		<input type="checkbox"/> <b>Full Time</b>	<input type="checkbox"/> <b>Part Time</b>	<input type="checkbox"/> <b>Rotation (all shifts)</b>	
		<input type="checkbox"/> <b>Nights</b>	<input type="checkbox"/> <b>Temporary</b>	<input type="checkbox"/> <b>Weekends</b>	
<b>Personal Data</b>					
<b>Name:</b>					
<b>Social Security #:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Phone</b>	<b>Home:</b>	<b>Office:</b>		<b>Message:</b>	
Are you a U.S. citizen or legally registered alien? ____ Yes ____ No					
Are you over age 18? ____ Yes ____ No If no, please give age:					
Have you ever worked or volunteered for the City of Scottsdale? ____ Yes ____ No If yes, please give dates:					
Are any of your relatives employed by the City of Scottsdale? ____ Yes ____ No Explain:					
<b>Driver's License No. &amp; State:</b>		<b>Class:</b>		<b>Expiration:</b>	
<b>Commercial Driver's License No. &amp; State:</b>		<b>Class:</b>		<b>Expiration:</b>	
<b>Please list other names you have used:</b>					
Have you ever been discharged, requested or forced to resign from any position for misconduct or unsatisfactory service? ____ Yes ____ No If yes, please explain circumstances:					
Have you ever been convicted of a crime, regardless of whether the conviction was later set aside or expunged? "Crime" means all felonies, misdemeanors and serious driving offenses (e.g. DWI/DUI and reckless driving), but does not include minor traffic offenses. ____ Yes ____ No					
If you answered "yes", please give offense(s) for which convicted, date of conviction and jurisdiction. Indicate if expunged or set aside and give date(s). (Prior conviction will not automatically bar an applicant from employment with City.)					

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Education				
Education: Indicate highest grade completed		Grade School: (1-8)	High School: (9-12)	
Did you graduate from High School or do you have a G.E.D.? ____ Yes ____ No			High School G.P.A.:	
Name of School, College(s) or University	Major	Credit Hours	Degree & Year*	G.P.A.
*Proof of degrees from College/University obtained will be required upon hire.				
Name of Trade/Technical/Business or Other School(s) Attended		Course of Study	Diploma & Year	
List License (date & #), professional registrations (date), certificates and professional memberships:				
List Honors, Awards, Fellowships:				
Skills Overview				
Approximate Typing Speed in words per minute:				
List computer software with which you are familiar:				
Fluent in a language other than English:	Language(s):	Speak:	Read:	Write:
Please summarize relevant skills and experience that exemplify your qualifications for the above position:				
Summarize Community Services work (paid or volunteer) including dates:				
Summarize Leadership roles:				

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Employment History				
Current or most recent employer:				Phone:
Address:				
Your Title:			Number of workers you directly supervised:	
Employment Dates	From:		To:	
Supervisor's name/title:				
Starting Salary:		Present/Ending:		Hours per week:
Work Performed:				
Reason for leaving or wanting to change:				
May we contact this employer if you are considered for the position? ____ Yes ____ No				
Employer:				Phone:
Address:				
Your Title:			Number of workers you directly supervised:	
Employment Dates	From:		To:	
Supervisor's name/title:				
Starting Salary:		Ending:		Hours per week:
Work Performed:				
Reason for leaving or wanting to change:				
May we contact this employer if you are considered for the position? ____ Yes ____ No				
Employer:				Phone:
Address:				
Your Title:			Number of workers you directly supervised:	
Employment Dates	From:		To:	
Supervisor's name/title:				
Starting Salary:		Ending:		Hours per week:
Work Performed:				
Reason for leaving or wanting to change:				
May we contact this employer if you are considered for the position? ____ Yes ____ No				

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Employment History			
Employer:			Phone:
Address:			
Your Title:		Number of workers you directly supervised:	
Employment Dates	From:	To:	
Supervisor's name/title:			
Starting Salary:		Ending:	Hours per week:
Work Performed:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? ____ Yes ____ No			
Employer:			Phone:
Address:			
Your Title:		Number of workers you directly supervised:	
Employment Dates	From:	To:	
Supervisor's name/title:			
Starting Salary:		Ending:	Hours per week:
Work Performed:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? ____ Yes ____ No			
Employer:			Phone:
Address:			
Your Title:		Number of workers you directly supervised:	
Employment Dates	From:	To:	
Supervisor's name/title:			
Starting Salary:		Ending:	Hours per week:
Work Performed:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? ____ Yes ____ No			

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### Conditions of Consideration for Employment

All information contained on the application is subject to verification. The City of Scottsdale will conduct background checks including but not limited to, work references, driving records, criminal conviction records and educational attainment. New hires for some City positions may be required to pass a physical examination the City's expense.

I understand an employment offer is contingent upon successful completion of a pre-employment alcohol/drug test. Applicants testing positive for illegal drugs, unauthorized prescription drugs or alcohol will not be hired by the City. I further understand that any condition which may preclude my ability to perform essential functions of the job and such conditions can not be reasonably accommodated will disqualify me from consideration for employment in the job for which I was examined. I also authorize the City of Scottsdale to conduct future examinations and work-related reviews by a physician and agree to follow any consequent prescribed work restriction, activities, and/or treatment.

I understand that employment with the City of Scottsdale is also contingent upon successful completion of a national background investigation and for relevant positions, a physical examination and polygraph examination.

I understand that specific positions at the City of Scottsdale may require me to provide evidence of an acceptable driving record.

I understand that employment at the City of Scottsdale is "at will" meaning that it may be terminated at any time by either party.

I understand all conditions of employment including but not limited to hours, benefits and salary are subject to change by the City of Scottsdale at any time.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

If employed, I agree to abide by all policies, regulations and guidelines established by the City of Scottsdale.

When advised, reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the recruitment process. (Americans with Disabilities Act of 1991)

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the City of Scottsdale and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from City service. In addition, I give the City of Scottsdale the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the City of Scottsdale in providing relevant, job related information that will assist in this process. My signature below acknowledges my understanding and agreement with the above.

**Signature:**

**Date:**

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### TO ALL APPLICANTS - EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Instructions: Please print clearly in each category below.

<b>Last Name:</b>		<b>First Name:</b>	<b>M.I.:</b>
<b>Social Security #:</b>		<b>Phone Number:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Position Applied For:</b>			<b>Job Posting Number:</b>

The following information is being collected by the City of Scottsdale Human Resource Systems office for research and federal equal employment opportunity requirements only. Your responses are strictly voluntary and will help in monitoring our affirmative action efforts. If you choose not to answer any of the items, you will not be subject to any adverse effects. However, we urge you to do so and assure you that this form is confidential. It will be separated from your application prior to referral to any City hiring program

Indicate your choice of responses for items A - F by placing an **X** in the appropriate box. If you do not wish to answer the item, please mark the "No response" box.

**A. Ethnic Category:**

Check only one (definition of categories are below.)

<input type="checkbox"/> White (WH)	<input type="checkbox"/> Black (BL)
<input type="checkbox"/> Hispanic (HI)	<input type="checkbox"/> Asian (AS)
<input type="checkbox"/> American Indian (AI)	

**B. Sex**

<input type="checkbox"/> Male (M)	<input type="checkbox"/> Female (F)
<input type="checkbox"/> No Response	

**C. Age Group**

<input type="checkbox"/> Under 20 (19)	<input type="checkbox"/> 20-29 (20)
<input type="checkbox"/> 30-39 (30)	<input type="checkbox"/> 40-49 (40)
<input type="checkbox"/> 50-59 (50)	<input type="checkbox"/> 60-69 (60)

**D. Veteran Status**

<input type="checkbox"/> I am a veteran of the United States Armed Forces, honorably separated following more than 180 days of active duty. Excluding training and reserve duty. (1)	<input type="checkbox"/> I am not a veteran. (2)
<input type="checkbox"/> I am a spouse of a permanently disabled veteran. (3)	<input type="checkbox"/> I am the spouse of an active duty Armed Forces member who is missing in action. (4)

**E. Are you disabled? (For definition of "disabled" see below.)**

<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)
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**F. How did you learn of this position?**

<input type="checkbox"/> Interest Card (01)	<input type="checkbox"/> Newspaper (02)
<input type="checkbox"/> Job Bulletin (03)	<input type="checkbox"/> Job Line (04)
<input type="checkbox"/> Referral Agency (05)	<input type="checkbox"/> City of Scottsdale Internet Site (07)
<input type="checkbox"/> Other (06)	<input type="checkbox"/> Other Internet Site _____ (08)

**Human Resources Use Only**

Status: ☐ ☐ ☐ Disposition: ☐ ☐

EQUAL EMPLOYMENT OPPORTUNITY SURVEY DEFINITIONS

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1. White: Includes persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the East Indian Subcontinents.
2. Black: Includes persons having origins in any of the Black racial groups.
3. Hispanic: Includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
4. Native American or Alaskan Native: Includes persons having origin in any of the original peoples of North America.
5. Asian or Pacific Islander: Includes persons having origins in any of the original peoples of the Far East, Southeast Asia or the Pacific Islands (China, Japan, Korea, Samoa, etc.)
6. Disabled: Anyone who has a physical or mental impairment which substantially limits one or more major life activities or has a record of such impairment or is regarded as having such an impairment.

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**Applicants for positions within the Police Department ONLY must read, sign and return this page with their completed application.**

**Automatic Disqualifiers**

The Scottsdale Police Department will automatically disqualify any individual who has:

1. Ever been convicted of a felony or any offense that would be a felony if committed in Arizona.
2. Used ("tried") marijuana in the past three years or anytime after age 21, or used more than 10 times prior to age 21.
3. Used ("tried") any dangerous drugs or illegal narcotics in the past seven years or anytime after attaining the age 21, or used more than once prior to age 21. This includes, but is not limited to, cocaine/crack, heroin, opium, morphine, LSD/acid, methamphetamine/speed, peyote, mescaline, or derivatives thereof.
4. Sold, produced, cultivated or transported marijuana or dangerous drugs/narcotics.
5. Been dishonorably discharged from the United States armed forces.
6. Had a pattern of abusing prescription medication.
7. Had excessive traffic violations within the past three years.
8. Committed or violated federal, state, or city laws pertaining to criminal activity while employed by a law enforcement agency.
9. Been previously employed with a law enforcement agency and since has committed or violated federal, state or city laws pertaining to criminal activity.
10. Lied during any stage of the hiring process, falsified any information on the application or background questionnaire.
11. Unresolved responses to relevant issues when administered a polygraph examination.
12. Used non-prescribed steroids since January 1, 1994.
13. Conviction of a domestic violence crime, misdemeanor or felony or conviction of a lesser charge which at the time of occurrence was a domestic violence crime.

**Discretionary Disqualifiers**

The following disqualifiers may, upon review by the Scottsdale Police Department, make you ineligible to work for the department:

1. An inability to perform the essential functions of the position.
2. Unlawful sexual conduct.
3. Excessive traffic violations: DUI, reckless, moving citations.
4. Commission of a felony.
5. Any discharge from the U.S. armed forces other than an honorable discharge.
6. Debts - demonstrated an unwillingness to honor fiscal contracts or just debts.
7. Any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the law enforcement profession.

**I have read and understand the above disqualifiers.**

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**Name (printed)**

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**Signature**

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**Date**



**City of Scottsdale  
Supplemental Questionnaire  
POLICE COMMUNICATION DISPATCHER**

**Note: Completed applications and supplement is required for consideration**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide specific detail for each question. Attach additional sheets if necessary.

1. What is your NET typing speed? \_\_\_\_\_ W.P.M. **Certification of typing ability is required for further processing and must be attached.**
  
2. Describe your two-way radio experience. **Please indicate whether it is work, volunteer or hobby experience, including dates.**
  
3. Do you have emergency services experience? ☐ yes ☐ no **If so, please describe and be specific to dates.**
  
4. Describe any work experience you have working with geographic information.
  
5. Describe any work experience you have requiring you to handle heavy volumes of phone calls, customer relations and or complaints from customers.
  
6. Describe your work experience simultaneously coordinating multiple tasks -- phones, two-way radio, word-processing.